

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014120</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/18/2015</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**ILLINOIS VETERANS HOME - ANNA**

**792 NORTH MAIN  
ANNA, IL 62906**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  Complaint # 1556259/IL81507  STATEMENT OF LICENSURE VIOLATIONS:	S 000		
S1505	Section 340.1505 Medical, Nursing and Restorative Services  This Regulation is not met as evidenced by: Section 340.1505 b) 5) Medical Nursing and Restorative Services  b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care shall be provided to each resident to meet the total nursing care needs of the resident.  5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as necessary in an effort to help them retain or maintain their highest practicable level of functioning.  This requirement is not met as evidenced by :  Based on record review, observation and interview the facility failed to provide a mechanical lift to safely support the weight of 1 of 3 residents (R2) in the sample of 3 reviewed for use of a mechanical sit-to-stand lift.  Findings include:  R2's Admission MDS (Minimum Data Set) dated	S1505		

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER  <b>ILLINOIS VETERANS HOME - ANNA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>792 NORTH MAIN ANNA, IL 62906</b>		
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S1505	<p>Continued From page 1</p> <p>6/28/2014 states that R2's diagnoses include Morbid Obesity and was admitted with a weight of 423 pounds and uses a walker and wheelchair for mobility. This same document indicates in Section Q0300 Resident 's Overall Expectation that R2 "expects to remain in this facility." R2 ' s MDS of 9/22/2015 also indicates that R2 expects to remain in the facility and that R2 is cognitively intact. This same document indicates that R2 continues to use a wheelchair and walker for mobility and requires supervision for transfers.</p> <p>On 11/17/2015 at 3:15 pm, E2, Director of Nursing, stated that R2 returned to the facility on 10/14/ 2015 from a hospital stay and was assisted to the bathroom and was unable to rise from the toilet. E2 further stated that using a sit-to-stand mechanical lift was considered and it was realized at that time that R2 ' s last recorded weight of 475 pounds exceeded the weight capacity of 440 pounds of all the mechanical lifts in the facility. E2 stated further that R2 was eventually able to get up and the lift was not used at this time. E2 stated that R2 had never required assistance using such a device before, but that the facility began actively searching for a bariatric sit-to-stand on this date. On 11/18/2015 at 9:15 am, E2 stated that prior to 2 hospitalizations in October, R2 was transferring with stand-by assist and walking with a walker with the Physical Therapy Staff and that his loss of strength was sudden, and that E2 was not aware of any incidents or report of R2 not being able to get out of his wheelchair prior to his hospitalizations in October and that Restorative staff was working with R2 also. E2 added that a company is coming to the facility on 11/19/2015 to demonstrate a bariatric sit-to-stand lift that can be purchased and left at facility on this same date.</p>	S1505		

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S1505	<p>Continued From page 2</p> <p>A Nurse ' s Progress Note dated 10/29/2015 and entered at 17:09 states that R2 was re-admitted to the facility from a hospital around 15:30 pm. A Nurse's Note for R2 dated 10/30/2015 states R2 ' s post hospital weight is now 458.5 pounds.</p> <p>On 11/18/15 at 9:15 am, E2 stated that on 11/09/2015 E2 received a call from facility staff stating that " R2 was stating that he was too weak to stand from his wheelchair, we didn ' t have any other options than to use the sit-to-stand, he was now only 7 pounds over the weight restrictions of the sit-to-stand and we felt this was the safest and only option. E2 further stated that "this was the second time since 10/30/2015 that R2 had to use the sit-to -stand and that E10, Registered Nurse, had also had to use the device for R2 on another occasion."</p> <p>On 11/18/2015 at 10:00 am E10 verified that the sit-to-stand had been used for R2. E10 was not sure of the date, but stated she was sure it was after return from hospitalization on 10/29/2015 and probably in the first week of November. E10 stated that R2 was begging to get back to bed, said he couldn' t stand because his ankle was weak and that the ankle, " keeps rolling on me ".</p> <p>On 11/18/2015 at 7:45 am R2 was observed to move to a sitting position in bed with use of a trapeze and quarter bed rail, stand at bedside with walker, and then back himself into his wheelchair with stand-by assist from staff. On 11/18/2015 at :00 am R2 stated that the sit-to stand had to be used twice since he returned from his second hospitalization in October ( 10/29/2015.) R2 further stated that both incidents were to assist him to get up from wheelchair.</p> <p>R2 ' s current Care Plan documents that R2 has</p>	S1505		

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S1505	<p>Continued From page 3</p> <p>an Activities of Daily Living self-care performance deficit related to his limited mobility due to obesity initiated on 11/28/2014. This document does not include any information regarding consideration of R2 ' s potential need for specialty equipment. This was verified on 11/18/2015 at 11:30 am by E4, Care Plan Coordinator who also stated that the Care plan was last revised on 9/15/2015. E10 stated that until his recent hospitalizations in October, R2 was doing well with transfers, and that discussions regarding about needing a bigger lift probably began in October of 2015.</p> <p>Manufacturer ' s Instructions for the Rena 440.600 sit-to-stand lift dated 7/2009 states, Maximum Load : 440 pounds. Manufacturer ' s Instructions for the Sara 3000 Standing and Raising Aid (no date) states safe working load, 440 pounds. On 11/18/2015 at 1:00 pm, E2 stated that one of these two models would have been used for R2. R2 ' s Monthly Weight Record shows that in April of 2015, R2's weight was 447 pounds.</p> <p>On 11/17/2015 at 3:00 pm and on 11/18/2015 at 11:30 am, E2 and E4 both respectively stated that to their knowledge the facility has no policies related to the care of the bariatric resident.</p> <p>(B)</p>	S1505			